

**CANTON TOWNSHIP
ZONING DEPARTMENT
330-484-2501**

COMPLAINT & INSPECTION FORM

DATE: _____

TAKEN BY: _____

SOURCE OF COMPLAINT: ___PHONE CALL___OFFICE VISIT___LETTER (ATTACHED)

___VIA PUBLIC OFFICIAL - NAME: _____

COMPLAINANT: NAME: _____

ADDRESS: _____ PHONE: _____

COMPLAINT: PROPERTY OWNER: _____

ADDRESS INVOLVED: _____

VIOLATION TYPE: ___Trash/Garbage___Debris___Junk Vehicle___Fence

___Unlicensed/Inoperable Vehicle___High Grass/Weeds___Building

___Other (Specify) _____

ADDITIONAL COMENTS: _____

ZONING INSPECTOR INSPECTION REPORT

INSPECTION DATE: _____ INSPECTION MADE BY: _____

CONDITIONS AT TIME OF INSPECTION: _____

CONTACT MADE: ___YES___NO PHOTOS TAKEN___YES___NO TAKEN BY: _____

NOTICE OF VIOLATION TO PROPERTY OWNER: ___YES___NO DATE SENT: _____

RESPONSE OF PROPERTY OWNER: _____

REINSPECTION DATE: _____ PHOTOS TAKEN: ___YES___NO— BY: _____

REINSPECTION DATE: _____ PHOTOS TAKEN: ___YES___NO— BY: _____

REINSPECTION DATE: _____ PHOTOS TAKEN: ___YES___NO— BY: _____

REINSPECTION DATE: _____ PHOTOS TAKEN: ___YES___NO— BY: _____

RESULTS: ___Case Closed Because of No Apparent Violation
___Case Closed Based on Results of Contact or Follow-up
___Progress Made--Extension of Time Granted/Re-inspect in ___days
___Forward Written Report to Trustees or SC Prosecutor---Date: _____
___Public or Court Hearing Date: _____